



Effective Practice Marketing

There is a great deal of confusion among physicians concerning the term "marketing." Many doctors equate it with advertising. Advertising is only part of a marketing effort. Many physicians believe that marketing is expensive. In some cases it is, depending on what is done, but it doesn't have to be an expensive proposition. A lot of doctors feel that marketing is unprofessional. Some of it is, but it can be so subtle that we aren't even aware of the fact that it is being done. With 17,000 new doctors being licensed in the United States each year, and with the average number of patient visits per week falling from 109 in 1973 to 79 in 1984, we feel it is imperative for doctors to make an effort to understand marketing and apply marketing concepts in the management of their practices.

The Three A's

Availability, Affability, and Ability have been discussed in medicine for decades. Supposedly, if a physician's practice has these three attributes, success is assured. In our experience, when a practice has all three in proportion, success does result. But, if any one is made more or less important than the others, we find that the practice goes into a long-term decline. A significant portion of the clients with whom we have worked in the past year have suffered declines prior to our arrival. What steps can you take to avoid a decline in your practice?

Availability

Are you available to your "customers?" Do you know who your "customers" are? They are usually, but not always, the patient. Patients make their own choices about their primary doctor: the family physician, the pediatrician, the OB-GYN specialist, and the general internist. However, they rarely make the decisions concerning their cardiologist, endocrinologist, surgeon, or infectious disease specialist. Availability means different things depending on the practice specialty.

For the primary care specialties, availability means being accessible to your patients. The urgent care centers, so-called "doc-in-a-box" clinics, opening around the country are answering a need which conventional medicine did not meet until these "McDoc" centers began appearing. They advertise the benefits they offer: No appointment, no waiting, extended hours, easy billing and payment procedures, and lower fees than the hospital emergency department. Now that this phenomenon has arrived, conventional, private practitioners in the primary care specialties are rising to meet the competition. What can a primary care doctor do to meet this competition?

1. *Do away with appointments?* We think not. At least not wholly. For your regular load of daily patients, we feel an appointment scheduling system is still an essential part of effective practice management. *But*, the appointment schedule has to be real, not a list of patients with hypothetical appointment times. An accurate appointment schedule (like the one outlined in our column last month) will minimize patient waiting time. Patients do have to wait at urgent care centers, particularly if they are busy or the doctor is not on the premises, but the waiting time seldom exceeds fifteen to thirty minutes, and the patient was not given a fictitious time to be seen. To meet this problem, many of our primary care groups have taken the step of having a doctor "on call" each day, who does not have any scheduled appointments, but sees all the practice's work-in/add-on patients.

2. *Extended Hours?* An absolute must in primary care, we feel. With the large number of families in which both parents work, the only way a primary care practice can meet the competition is to be available when the urgent care centers are open. In a group, this may mean that a doctor must work 12:00 p.m. to 8:00 p.m. or 2:00 p.m. to 10:00 p.m. one

or more days per week depending on the size of the group. In a solo practice, one or two such late days should be scheduled each week. Many of our primary care clients also have hours on Saturdays and Sundays. (*Tip:* Do not use the same employees for regular and extended hours. Hire separate part-time employees for the extended hours because the regular daytime employees will not schedule patients for late hours, if they have to work those hours).

3. *Fees for billing and payments.* Urgent care center fees are substantially lower than hospital emergency department fees. Telling your patients that you will meet them at the ER is also telling them they are going to pay a lot of money to see you there. Urgent care center fees are higher than most doctors' office visit fees, but are less than the hospital ER fee. The centers provide a competent, comprehensive super-bill or a completed universal claim form to the patient at the time of the visit. They also accept credit cards. A private practice, in order to compete with these centers, must provide the same type of billing services for its patients. Bear in mind the practice can legitimately charge more for after-hours care than for a regular office visit by using the correct CPT-4 codes (99050, 99052, 99054). Your patients would rather see you, in your office, than go to an urgent care center, or meet you at the hospital emergency department.

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